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CONFIRMATION NO. 6370

SERIAL NUMBER 10/686,219	FILING OR 371(c) DATE 10/15/2003 RULE	CLASS 607	GROUP ART UNIT 3766	ATTORNEY DOCKET NO. AB-329U
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/419,684 10/18/2002 *8k Btz 6/12/06*

** FOREIGN APPLICATIONS *****

None Btz 6/12/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

01/15/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>John Ceder Btz</i> Examiner's Signature Initials				

ADDRESS

23845

TITLE

Switched-matrix output for multi-channel implantable stimulator

FILING FEE RECEIVED 986	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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